MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ABU	ELITO CHEESE	2722	20056	·
			. •	*
1.	Month of: March 2009		· ·	
2.	Is Outlet # (8 digit) Correct?	Y	N	N/A
3.	Is average Total flow-gal.day stated in space provided?	Y	N	N/A
4.	Is max. Total flow-gal day stated in space provided?	\mathbf{Y}	N	N/A
5.	Is method used to calculate water stated?	Y	N	N/A
6.	Are number of working days stated?	Y	N	N/A
7.	Are there any parameters which have exceeded PVSC Local Limits?	Y		N/A
8.	Is proper compliance/non-compliance statement provided?	Y	N	N/A
9.	Have correct number of samples been submitted?	\mathbf{Y}_{\cdot}	\mathbf{N}^{-1}	N/A
10.	Has PHC result been listed on MR-1 report?	Y	N	N/A
11.	Has sample number been reported in space provided?	Y	N	N/A
12.	Have all regulated parameters been listed on MR-1?	Y	N	N/A
13.	Has sample type been stated on MR-1?	Y	N	N/A
14.	Have all samples been taken during this reporting period?	Y	N	N/A
15.	Has NJDEPE certified lab been used?	Y	N	N/A
16.	Have analytical results been submitted on copies of Laboratory stationery?	Y	N	N/A
17.	Have results been written in space designated on MR-1?	Y	N	N/A
18.	Is correct method used to preserve samples stated on MR-1?	Y	N	N/A
19.	Has MR-1 been signed by authorized representative?	Y	N	N/A
21.	Has information been submitted on proper MR-1 form?	Y	N	N/A

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments or	deficiencies			
Date Reviewed_4/2009	Date sent to user			<u>-</u> .
Date due back	ReviewerMP	·	 	
Second review comments on	deficiencies			
Date Reviewed	Date sent to user_		 	
Date due back	Reviewer		· · · · · · · · · · · · · · · · · · ·	
Date	Reviewer	:		

mark	
PRETREATMENT MONITORING REPORT	
NAME: Abuelito Cheese	APR 2 0 Z009
MAILING ADDRESS: 607-609 Main Street Paterson N.J.	ATT 2 2000
FACILITY LOCATION: 607-609 Main Street Paterson N.J.	
CATEGORY & SUBPART: OUTLET #:	1
CONTACT OFFICIAL :Carol Paiz TELEPHONE	: _973-345-3503
NEW CUSTOMER ID / OUTLET ID:27220056-1 OLD OUTLET DESIGNATION:	
MONITORING PERIOD Average Start End	Maximum
Start End Regulated Flow-gal/day 03 01 09 03 31 09 Total Flow-gal/day 6398 7037	
MO DAY YR MO DAY YR	
Method Used: Ending meter reading less beginning meter reading multiplied by 7.48 divided by 23 days	
20710 x 7.48x.95 divided by 23 Days	

PARAMETER	000	MASS O	R CONCENTRA	TION	# OF	SAMPLE TYPE
	3-9-09	MON AVG	MAXIMUM	UNITS	SAMPLES	COMP/GRAB
Cd	Sample Measurement	<0.001		Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.034		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.00288 ✓		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	<0.0005		Mg/l	1	Comp
8	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	0.00639		Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.223		Mg/l	1	Comp
	Darmit Danitement C 7	1.67		Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
<u></u>	Sample Measurement			Mg/l	11	Grab
	Permit Requirement 5			Mg/l		
	Sample Measurements				<u> </u>	
	Permit Requirement					
	Sample Measurement			678	5 10 ₇₇₅	
	Permit Requirement			130 0 × 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Sample Measurement L				Andrew Con	
	Sample Measurement (10) Permit Requirement					
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	Permit Requirement		9	1000	2009	
	Sample Measurement		\c	200	inget of	
	Permit Requirement		1	industr	ia Dept 🔭	
	Sample Measurement				469/_	
	Permit Requirement			CC224-	-77	
	Sample Measurement			200	0 00	_ / _
	Permit Requirement					

Production Rate (if applicable)

PRE	TREATMENT MONITORING REPORT	
Certification of Non-Use if applicable (use addition	al sheets).	APR 2 0 2009
Certification of Non-Ose if applicable (use addition	ai silects).	Harris Control of the
		Accompany of the second
Compliance or non compliance statement with comp	pliance schedule (use additional sheets if necessa	ry) for every
parameter used: El Abuelito is in compliance wi	th the rules and regulations of PVSC	
		· · · · · · · · · · · · · · · · · · ·
Explain Method for preserving samples: Metals:	samples taken in glass containers and preserved	with nitric acid to a ph of less than 2
No te: no changes made to the plot plan for this facil	ity	
		:
a system designed to assure that qualified per person or persons who manage the system, or t	sonnel properly gather and evaluate the infor those persons directly responsible for gatherin accurate and complete. I am aware that the	my direction or supervision in accordance with rmation submitted. Based on my inquiry of the g the information, the information submitted is, re are significant penalties for submitting false
403.6(a)(2)(ii) revised by 53 FR 40610, Octo	ober 17, 1988	
	Signature of Principal	<u> </u>
	Executive or Authorized Agent	
	Carol Paiz	
	General Manager	-
	Type Name and Title	
	04/7/09	_
	Date	

PVSC FORM MR-I REV: 4 6/87 P I



ANALYTICAL DATA REPORT

for **Abuelito Cheese** 607 Main Street Paterson, NJ 07503

Project Name: PVSC MONITORING Lab Case Number: E09-02387

DL = METHOD DETECTION LIMIT			The Table
	Metals		
Lab ID: 02387-001 Client ID: WW COMPOSITE Matrix-Units: Aqueous-mg/L Percent Moisture: 100			Date Sampled: 3/9/2009 Time Sampled: NA Date Analyzed: 3/12/09
Parameter	Result	Q	MDL
Cadmium	ND		0.001

Parameter	Result Q	MDL
Cadmium	ND	0.001
Copper	0.034	0.008
Lead	0.00288	0.002
Mercury	ND	0.0005
Nickel	0.00639	0.004
Zinc	0.223	0.008

General Analytical

Lab ID: 02387-001

Client ID: WW COMPOSITE

Percent Moisture: 100

Date Sampled: 3/9/2009 Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	3710	2.00	Aqueous-mg/L	3/11/2009 8:00
Total Suspended Solids	995	125	Aqueous-mg/L	3/11/2009 11:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

Laboratory Director

273 Franklin Road Randolph, NJ 07869 Phone: 973 361 4252 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

CONTINUES NATO CONT	Fax # (9/3) 989-5288														
SEPPORT TO: Handwell Controls	CUSTOMER INFO	0		REPORTIN			O. T.	und Time (st.	irts the follow	ving day if samples	rec'd at lab > 5	PM)			
The color of the	Company: Abuelito Chese		REPORT TO:	Har	over Contro	ls	Lab notis	ication is rec	luired for I	WENTAT prior	to sample arri	val. RUS	H TAT IS	OT	Sa 200
The continue of the continue	Address: 607 Main Street		11 Windsor Wa	y		Y	TOACC	ONIMODAT	TE**	DALLINOVAL.	NOTE TO A	CANGES	WILLAIT		ana
NATION Part	Paterson N.J. 07503		East Hanover N	J.07936			Conditio	nal TPHC		Results needee			eport Format		TTE
NATIONAL	Telephone #:			John Ceresnal			24 hr*					1000	Results Only	.dbf for	rmat
Concession Con	Fax #:						Verbal/F		wk/Std		24 hr - 10	%3	Reduced	.wk1 for	rmat
Maintenance	Project Manager:		INVOICE TO:	Abo	ve		24 hr*				72 hr - 5 96 hr - 3		Regulatory	lab appr	roved
NA All trains	Sampler: Hanover Controls		Address:				Hard Co		wk/Std		5 day - 2 6-9 day		ther (describe		EDD
Main	Project Name: PVSC MONITORIN	S					2 wk* call for	. price						DISK/CI	D RE
No. 1 No. 2 No. 1 No. 2 No.	Project Location (State): NJ							-	ANALY	TICAL PARAN	1ETERS		Cooler Ten		၁့
TION Depth	Bottle Order #: Ouote # :		Attn: PO#						HG						
Describe: Desc			1	Sample	Matrix			-					# BOTI	LES &	. જી
Depth Depth Disc Simplified WW 2 1	SAMPLE INFORMATION		OI - Oil LIQ - Liquid S - Soil SL - Sludge	AQ - Aqueous (Specify) OT - (SOL - Solid W -	www - waste water Other (Specify) Wipe					go ss					_
Describe: Describe: Conc. Expected: Low Conc. Expected: Lo	Client ID	Depth	Sampl	ing			AL#					НСІ	HORN	HO9W	əuoN
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Signature/Company Signature/Company Signature/Company A 10/2009 /L/1 Seceived by: Received by: Received by: Received by: Received by:	Please print legibly and fill out co	ompletely. Sa	mples cannot be	processed a		round ti	ne will not st	conc. Exp	red:		WOS - SCC - O	THER (SI	SE COMME	NTS)	
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3/10/2009 L	Signature/Company	B	Date	Time		nature/Comp	any	~		Comments:					
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Abuelito Cheese Process Water Meter Reading

03/01/09 starting water meter reading 621880 cu/ft 03/31/09 ending meter reading 642590cu/ft 642590 621880 20710 cu/ft

20710cu/ft x 7.48=154910 x.95=147165 total gallons for the month of March
147165 divided by 23 days= 6398 gallons per day

Abuelito 3/09 Sanitary Meter Reading 50706 starting reading 51390 ending reading

51390 50706 684cu/ft

684cu/ft x 7.48=5116 div by 23=222gpd